

Program Integrity - Fraud or Misuse

The vast majority of our providers and recipients are honest; unfortunately a few dishonest people can do great damage to our programs. Each dollar lost to theft is one less dollar available for someone in need of care. We need to work together to help stop fraud and misuse; otherwise, the system might not be available for those whom the program was created to help.

WHAT IS WELFARE FRAUD AND MISUSE?

Welfare Fraud occurs when a person(s) makes false statements, and/or misrepresents facts or circumstances to the Department of Human Services (DHS) in order to obtain Cash Assistance (FIP & GPA), Medical Assistance (including Rite Care, Rite Share, and Long Term Care services), Food Stamps, Child Support, Child Care, In-Home Support Services.

WHAT ARE THE DIFFERENT KINDS OF FRAUD AND MISUSE?

- Failure to report income or money received.
- Failure to report the return of the absent parent to the home.
- Failure to report a child out of the home.
- Failure to report property or assets.
- Internal employee fraud.
- Duplicate Aid.
- Forgery or stolen identity.
- Receiving Public Assistance Benefits to which they are not entitled.

Welfare recipients also commit fraud when they continue to receive Cash Assistance, Medical Assistance, Child Support, Child Care, Food Stamps and General Assistance benefits that they are not entitled to, which generates an overpayment of monies or benefits in their case.

PROVIDER FRAUD involves not only child care providers and doctors, but nursing homes, home health, durable medical equipment, pharmacies, mental health facilities, laboratories, transportation, and dentists to name a few.

MISUSE is provider practices that are inconsistent with sound fiscal, business, or medical practices, and results in an unnecessary cost to the Medicaid program (as well as other assistance programs managed by DHS) or in reimbursement of services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

Examples of fraud and misuse include unreported income or insurance, recipients living out of state, drug seeking behavior, incarceration, recipients receiving bills for services never provided, provider billing irregularities, and misrepresentation of credentials.

Reporting Fraud or Misuse

You may report suspected fraud and misuse using any of the following methods. You may remain anonymous if you desire.

Fraud Unit at **(401) 462-2846**. This line is staffed Monday thru Friday from 8:30 a.m. to 4:00 p.m. After hours and weekends you may leave a message on an answering machine or by emailing us at: fraud@dhs.ri.gov

Fax Information to **(401) 462-2884**.

Mailing Address: Collection, Claims, & Recovery/Fraud Unit
600 New London Avenue
Louis Pasteur Building #57
Cranston, RI 02920

Thank you for helping stop fraud and misuse.

Report Suspected DHS Program Ineligibility, Misuse, and Fraud

Person or Business Suspected of Misuse or Fraud

What type of problem are you reporting? (Please check one box.)

☐

Provider

☐

Medicaid/Rite
Care/Rite Share

☐

Child Support

☐

Recipient

☐

Child Care

☐

Other (specify)

☐

Cash Assistance

☐

Food Stamps

Name of person(s) or business(es) you are reporting

(Please include title, e.g., Dr., Mr., Mrs., Ms. if known.)

Other names or aliases (if known)

Social Security Number (If known, please enter as 999-99-9999.)

Address

Home Phone Number (Please include area code and enter as (999) 999-9999.)

Work Phone Number (Please include area code and enter as (999) 999-9999.)

Employer's Name

Employer's Address

Employer's Phone (Please include area code and enter as (999) 999-9999.)

Complaint

Please explain the problem in your own words

What event led you to feel there was a problem?

Have you previously notified anyone of this problem?

Yes ☐

No ☐

Who did you notify (Please provide name and phone number, if known)

Optional Contact Information

You may remain anonymous if you desire. Providing contact information will allow the DHS Rhode Island Fraud office to contact you to gather any additional information needed to help in the investigation.

Person Making Complaint

Daytime Phone Number (Please include area code and enter as (999) 999-9999.)

Email address (optional)

By providing my name on this form, I realize that I may be contacted by DHS and/or other law enforcement agencies in order to verify this information. However, DHS will not provide the results or status of the investigation to me or anyone else. Should I not provide my name, this referral remains fully confidential.